

# HEPATITIS matters



*Hepatitis Matters* sets out Hepatitis NSW's main policy objectives for the next four years: 2016 to 2020.

These objectives were developed through consultation with our members, partner organisations and communities affected by hepatitis B and hepatitis C.

We intend to pursue these objectives on behalf of people living with, affected by and at risk of viral hepatitis in NSW. This includes developing and implementing campaigns on the seven policy areas listed, and finding ways for people living with or affected by hepatitis B and hepatitis C to contribute actively to these activities. The *Matters* include (not listed in order of priority):

- ▶ **Continued Equal Treatment Access to hepatitis C medicines:** While Direct Acting Antivirals for hepatitis C have been listed on the PBS without restriction, continued work will be required to ensure that new drugs are listed without delay, and that the medicines that are listed on the PBS are able to be accessed by the people who need them.
- ▶ **Expand models of care to support increased treatment:** With increased treatment demand for both hepatitis B and hepatitis C, more training, resources and funding will be required to ensure a greater range of health services deliver this treatment in the community, including via general practitioners, alcohol and other drug services, opioid substitution treatment services and Aboriginal Medical Services.
- ▶ **Reduce stigma and discrimination against people with viral hepatitis:** Discrimination against people living with hepatitis B and hepatitis C is a negative in and of itself, but it also has flow-on impacts in terms of reduced engagement with healthcare services. Hepatitis NSW will campaign to reduce hepatitis-related discrimination across a wide variety of circumstances.
- ▶ **Expand Needle & Syringe Programs to NSW prisons:** The single most-effective new program to prevent hepatitis C transmission would be the introduction of needle & syringe exchange in NSW prisons, ensuring they can access the same, evidence-based harm reduction service that is available to the general community. This will also be essential to prevent re-infections following successful treatment and cure.
- ▶ **Improve hepatitis service delivery to people in regional, rural and remote NSW:** Hepatitis C notification rates are highest across rural and regional NSW. Hepatitis B is also more prevalent amongst Aboriginal people living in Far West and Western Districts. All people living with viral hepatitis deserve access to vital hepatitis prevention, management and treatment services, irrespective of where they live.
- ▶ **Increase testing for viral hepatitis, especially for hepatitis B:** Despite recent improvement, nearly 2-in-5 people living with chronic hepatitis B are undiagnosed. Without increased testing, people with hepatitis B, including many people from culturally and linguistically diverse backgrounds and Aboriginal people, will be unable to benefit from care and monitoring, and treatment, that could save their lives.
- ▶ **Encourage regular monitoring and, where relevant, treatment for people with hepatitis B:** Of people living with hepatitis B, only 62% have been diagnosed, only 15.7% are in regular care and only 6.3% are receiving treatment (whereas the national strategy treatment target is 15%). Hepatitis NSW will campaign to increase monitoring and treatment rates for people living with hepatitis B across NSW.

For more info about these issues, go to the 'Get Involved' section of our website: [www.hep.org.au](http://www.hep.org.au)

HEPATITIS INFOLINE 1800 803 990

